

CLAIMS ONLY						Application Number		Filing Date							
						Applicant(s)									
* May be used for additional claims or amendments															
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT										
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend					
1	/						51								
2	/						52								
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45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								

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